

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2001 WSR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 30 AM 11:17

DOCUMENT # P99000110105

1. Corporation Name
BRIGHT EYES, INC.

Principal Place of Business	Mailing Address
330 PROMENADE DR., #101 DUNEDIN FL 34698	330 PROMENADE DR., #101 DUNEDIN FL 34698



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

07/31/01 9000/038 # 550

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/01/2000	
City & State		City & State		5. FEI Number	
Zip		Country		59-3615266	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For	
				Not Applicable	
6. Additional Fee required for a Certificate of Status \$8.75					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LOVE, SUSAN H	330 PROMENADE DR., #101	DUNEDIN FL 34698

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LOVE, SUSAN H 330 PROMENADE DR., #101 DUNEDIN FL 34698	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Susan H Love* SUSAN H. LOVE *29 NOV 2001* *733-1269*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E04C (8/01)

29/2

BRIGHT EYES, INC
330 Promenade Dr. #101
Dunedin, FL 34698
(727) 733-1269
Fax (727) 733-2190

Divisions of Corporations
Annual Report/Reinstatement Section
P.O.Box 6327
Tallahassee, Florida 32314-6327

24 October 2001

To Whom It May Concern

As per my recent conversation with your Department, please find enclosed the info you needed (FEI Number) to keep my Corporation active.

I sent in the payment and proper forms on time as was verified by your Department last Friday. I never received the request for the FEI number otherwise I would've filled it in and sent it back to you. Please reinstatement my Corporation.

Sincerely,



Susan H. Love
President